Care Quality Commission

Methodist Homes

Willersley House

Inspection report

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Date of inspection visit: 4 December 2015
Date of publication: 16/03/2016

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Overall summary

The inspection of Willersley House took place on 4 December 2015 and was unannounced. At the last inspection on 22 January 2014 the service was meeting the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These were amended in April 2015 to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Willersley House is a residential care home that provides accommodation and support to a maximum of 34 older people, some of whom may have physical dependence because of age, but not people living with dementia. The service is situated on the main road in Willerby, a suburb of Hull and is within the East Riding of Yorkshire boundary. It is run by Methodist Homes Ltd. All accommodation is in single en-suite bedrooms, there are several lounge and dining areas, ample gardens and a passenger lift to upper floors. Car parking is available for approximately nine vehicles.

The registered provider was required to have a registered manager in post and on the day of the inspection there was a registered manager employed and on duty. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People that used the service received an extremely high level of responsive care from the service. This was in relation to all aspects of their care needs, and care was delivered according to a strong person-centred approach. People's care needs were very well documented in their care assessments and care plans and were exceptionally well met on an individual basis so that people had an outstanding sense of wellbeing and purpose.

Staff were extremely responsive to people's individual needs for personal care, social interaction, maintaining their relationships with family and having a sense of worth and purpose. Staff consistently looked for different ways of helping people to achieve their potential and so people lived as fulfilling a life as they were able to.

We found that people who used the service were protected from the risks of harm or abuse because the registered provider had ensured staff were appropriately trained in safeguarding adults from abuse. All staff we spoke with fully understood their responsibility to ensure people were protected using the systems in place and staff we spoke with demonstrated knowledge of the types of abuse and their signs and symptoms. The registered provider had systems in place to ensure safeguarding referrals were made to the appropriate department and were notified to us as required.

People were safe in the service because the risks to them individually and collectively were reduced by the implementation of risk assessments. The premises were safely maintained according to the requirements of relevant legislation that related to the building, utilities and equipment in use. All service maintenance contracts and certification was up to date.

We saw that staffing was in sufficient numbers to meet people's needs and this was confirmed by people and staff we spoke with. We found that staff recruitment followed safe policies and practices so that staff employed by the service were suitable to work with vulnerable people.

Medication management systems were appropriately used and so people were not at risk of receiving the wrong medication. We saw that infection control practices were safely followed by staff that were aware of and understood the procedures in place to protect the people they supported.

We found that people were supported by staff that had been inducted into their roles and were trained and qualified. All staff received regular supervision and took part in an annual staff appraisal system. We saw that people benefited from good communications within the service and their legal rights were upheld and protected by the service that followed the Mental Capacity Act legislation.

We saw that people's nutritional and health care needs were well managed because the service carefully monitored people's general health.

We found that the premises were suitably maintained and decorated to meet the requirements and taste of the people that used the service. The premises were clean and comfortable and provided an elegant environment in which to live.

People were supported by caring and compassionate staff who knew their needs, wishes and aspirations. People had good relationships with staff and were involved in the running of the service where possible.

We saw that people received the information they required to keep them informed about the service and about their own personal development and progress. Staff were informative. People enjoyed a high level of privacy and dignity so that they felt relaxed and well cared for. Staff exercised discretion and maintained confidentiality.

We found that people had systems in place to use should they need to complain and while they were well aware of their right to be able to complain they told us they had not needed to. These systems were carefully managed so that any learning was used effectively to ensure improvements were always made.

People had the benefit of a service where the culture was extremely positive, inclusive and encouraging. The consistency of the same registered manager in post and staff meant that people felt comfortable with the team that supported them and were able to build up trusting relationships.

Summary of findings

We found that people had the benefit of a service that operated a robust external quality monitoring system and a responsive internal auditing system so that service delivery was always being improved upon. The service had consistently achieved high scores year after year in its organisational quality assurance assessments.

Best practice was consistently sought and the records held in the service were accurate, up-to-date and confidentially maintained and stored.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People that used the service were protected from the risks of harm or abuse because the registered provider had ensured staff were appropriately trained in safeguarding adults from abuse. The registered provider had systems in place to ensure safeguarding referrals were made to the appropriate department and were notified to us as required.

People were safe because the risks to them were reduced, staffing was in sufficient numbers to meet people's needs and staff recruitment followed safe policies and practices. Medication management and infection control practices followed safe procedures.

Is the service effective?
The service was effective.

Good

People were supported by inducted, trained and qualified staff that received supervision and were part of an appraisal system. People benefited from good communications within the service and their legal rights were upheld and protected.

People's nutritional and health needs were well managed and the premises were suitably maintained to their requirements. All of this meant that people who used the service received effective support.

Is the service caring?
The service was caring.

Good

People were supported by caring and compassionate staff who knew their needs, wishes and aspirations.

People received the information they required to keep them informed about the service and about their own development. People enjoyed a high level of privacy and dignity so that they felt relaxed and cared for.

Is the service responsive?
The service was very responsive.

Outstanding

People that used the service received an extremely high level of responsive care from the service. People's care needs were very well documented and were individually met so that they had an outstanding sense of wellbeing and purpose.

People had systems in place to use should they need to complain and these were carefully managed so that any learning was used effectively to ensure improvements were always made.

Is the service well-led?
The service was well led.

Good

Summary of findings

People had the benefit of a service where the culture was positive and encouraging. Consistency of registered manager and staff meant that people felt comfortable with the team of staff that supported them.

People had the benefit of a service that operated a robust external quality monitoring system and a responsive internal auditing system so that service delivery was always being improved.

Care Quality Commission

Willersley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Willersley House took place on 4 December 2015 and was unannounced. The inspection was carried out by one Adult Social Care inspector. Information had been gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC), from speaking to the East Riding of Yorkshire Council (ERYC) that contracted services with Willersley House and from people who had contacted the CQC since the last inspection to make their views known about the service. We also requested and received a 'provider information return' (PIR) in which the provider gave us specific information about the service. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people that used the service, four staff, one potential volunteer and the registered manager. We looked at care files belonging to three people that used the service and at recruitment and training files belonging to three care staff. We looked at records and documentation relating the running of the service; including the quality assurance and monitoring, medication management and premises safety systems that were implemented. We looked at staffing records, equipment maintenance records and records held in respect of complaints and compliments.

We observed staff providing support to people in communal areas and we observed the interactions between people that used the service and staff. We looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Willersley House. They explained to us that they found staff to be good people whom they could trust. People said, "We are all very well cared for here", "I find I am very content and feel I am 'as safe as houses'" and "Staff know what they are doing and give you the confidence that you will be safe in their care."

Staff we spoke with told us they had completed safeguarding training with East Riding of Yorkshire Council (ERYC) and they demonstrated a good understanding of safeguarding when we asked them to explain their responsibilities. Staff knew the types of abuse, signs and symptoms and knew the procedure for making referrals to ERYC. We saw from the staff training matrix (record) and individual training certificates that care staff had completed safeguarding training.

The information we already held about safeguarding incidents at the service told us there had been three incidents where the registered manager had used the ERYC Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. All of these incidents had been notified to us using the appropriate notification documentation and had been referred to ERYC. They had been investigated and we judged that the registered manager acted appropriately and quickly in respect of all three. The safeguarding records we saw showed that incidents were recorded properly, investigated and learned from.

Staff told us they reported any issue or suspected issue to the registered manager. We saw that there was information available to people and staff on notice boards about how to address any safeguarding incidents. Systems were in place to prevent and address safeguarding incidents, and staff had completed appropriate training to manage these issues, which meant that people were protected from the risk of abuse.

We saw that people handled their own finances wherever possible, though some people told us a family member looked after this for them. Others told us that a family member held lasting power of attorney, which is responsibility for dealing with finances and/or care using a legal system arranged through the court of protection.

Everyone was cared for in line with the organisation's general risk assessments that were in place to reduce the risk of harm from unsuitable premises or ineffective care practices. These included, for example, risk assessments on entering and leaving the building, staying out of the kitchen and laundry and ensuring safety of people while contractors were in the building. People had their own personal risk assessments that covered all areas of their individual care needs. These were in care files.

The registered manager told us there was a handyperson who completed many of the safety checks within the service, for example, on the temperature of hot water outlets, fire alarms and emergency lights, window restrictors, radiator covers and trip hazards. We saw from documentation held and records maintained that the service was safely managed in respect of electricity, gas, asbestos, the passenger lift, hoists and slings, fire safety and the general environment and its security. All certification was seen to be up-to-date. There were emergency contingency plans in place for the event of fire, flood, property damage and other incidents and staff had a list of contractors' telephone numbers to contact in any emergency.

The service had an organisational scheme whereby staff could speak in confidence about any issue of concern to a member of senior management or to Mascot, an independent company that would pass details to senior managers. If staff had an issue of a personal nature they could contact First Assist, an employee assistance helpline. Each staff member was given a leaflet on starting their job which contained a pull out 'No Secrets' carry-round card containing the Freephone number to report and discuss any serious concerns they may have. This created an environment where staff felt protected if they were to 'do the right thing' and report issues in respect of people that used the service, thereby increasing the likelihood of staff reporting concerns that may affect people.

We saw that the staff had systems in place to prevent, monitor and record any accidents and incidents that occurred in the service. A senior staff member explained how the monitoring and reporting system worked to ensure that people's risk of accidents or illness were reduced. For example, people's weights were checked regularly and where a person began to lose weight their GP

Good

Is the service safe?

was contacted. Anyone having more than two falls was monitored for patterns, referred to the local authority falls team and a pendant call bell was supplied to them. Medication reviews might be carried out in all cases.

People we spoke with said staffing was usually sufficient to meet their needs. One person said, "Staff change a lot due to the shift pattern, taking holidays and sometimes leaving. You just get used to folk and then they change. One lady ought to have one-to-one care as she is going downhill fast but staff can't afford the time really." Other people said, "I always find there are staff around when you need them", "The staff are really lovely and always assist me when I can't manage" and "Whenever I press the call bell for support staff are there within minutes."

We spoke with the registered manager about staffing and they told us that there was always enough staff on duty to meet people's needs and whenever a shortage was experienced then senior care staff did extra and care staff were offered extra shifts to cover. We saw that staffing numbers were determined by the needs of people and had been calculated using a dependency profile tool on admission and periodically when people's needs changed.

Staff we spoke with told us they thought there was sufficient staff to meet people's needs and that there was always one senior on duty each shift. We found there was a registered manager, a senior care worker and four care staff on duty on the day of our inspection. There was also ancillary staff working and these included a cook, kitchen assistant a cleaner and handyperson.

The registered manager told us they had a thorough recruitment procedure to ensure staff were right for the job. They ensured job applications were completed, references taken and Disclosure and Barring Service (DBS) checks were carried out before staff started working. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults. DBS checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw this was the case in all three staff recruitment files we looked at.

Files contained evidence of application forms, DBS checks, references and people's identities. Files also contained interview documents, health questionnaires and correspondence about job offers. We assessed that staff had not begun to work in the service until all of their recruitment checks had been completed which meant people they cared for were protected from the risk of receiving support from staff that were unsuitable. We also saw in staff files that there were contracts and terms and conditions of employment, new starter forms with personal details on them and information documents, for example, on the role of the key worker, a code of conduct, copies of the more important staff policies and a Methodist Homes leaflet based on the Care Act safeguarding guidance.

Staff told us how they had acquired their positions and what they had to do as part of the recruitment process. This mirrored what we had seen in their recruitment files.

There were systems in place to manage medicines safely. Only senior staff trained to give people their medicines did so. We assessed the medication management systems used by the service and saw that medication was appropriately requested, received, stored, recorded, administered and returned when not used.

Medicine administration record (MAR) charts contained clear details of when and how medicines were to be given and they had been completed accurately by staff. Where it was assessed as necessary, protocols had been set up for people that were prescribed 'as required' medication, so that staff were aware of when and how they should administer it. We saw that where a person received controlled drug (CD) medicines through the skin, for example, pain relief patches, there were body maps in place to show where and when the patches had been positioned.

One person told us they self-administered their insulin injections twice a day and kept a check on their own blood sugar levels. We checked with the registered manager that this was risk assessed as the person had full capacity and had managed it for years. They liaised directly with the GP surgery and with the diabetic nurse at the hospital via telephone to ensure they were administering the correct level of insulin. They told us they had sugary snack supplies and drinks in their bedroom in case of the need for a sugar 'boost'.

Good

Is the service safe?

We were told by the registered manager that five people in total handled their own medication and that all had been risk assessed as having capacity to do so. This was to ensure they were not at risk of mishandling their medicines.

We saw that all medicines returned to the pharmacy when not used were recorded in appropriate returns books and signed for on receipt by the pharmacist, depending on the type of medicines being returned, so that the service had a clear audit trail of accountability. All systems in use to manage medicines were safe and ensured people received the right medication, the right dose and at the right time.

The service had a British National Formulary for reference about medicines, held copies of medication leaflets in a dedicated folder, had a medication fridge which was regularly checked regarding safe temperatures and kept details of people's allergies along with their photograph on the MAR sheets. All of these measures ensured people that used the service were not at risk of harm because the systems for managing medicines were safe.

We were told by the registered manager that they had taken on the role of Infection Control Champion to ensure all infection control policies, procedures, practices and training were followed. Staff had all the necessary personal protective equipment they needed to carry out their roles and there was equipment in place to ensure any spills were dealt with effectively. All laundry was handled safely and the laundry room had a safe in/out flow system for dealing with potentially infected clothing and bedding. Although protective covers were in use on all porous items audits were completed regularly on all furniture and beds where infections could harbour.

Care was taken to ensure anyone admitted to the service or returning from hospital was checked and monitored for signs of any infectious ailment or disease and were isolated and barrier nursed if necessary. All staff and people that used the service who may have been involved were treated accordingly with the remedy. The service liaised with the Health Protection Unit, GPs and District Nurses to ensure up-to-date information and treatments were accessed.

The service was clean and hygienic. There were no unpleasant odours, staff knew their responsibilities regarding infection control and they had access to liquid soap, sanitising gel and paper towels. All communal and personal equipment used in the service was cleaned regularly and there were separate hoist slings for people, which were laundered regularly. We saw that general standards of hygiene and infection control were high, which meant people were well protected from the risk of infection.

Staff we spoke with confirmed they had the equipment they needed and followed infection control practices carefully to ensure people's safety regarding infections.

Good

Is the service effective?

Our findings

The 'provider information return' (PIR) we received told us that Methodist Homes had its own training academy/ learning zone running regular workshops and development opportunities for all staff. The deputy manager had recently trained to be the Care Certificate Assessor so that new staff or staff new to care were able to complete learning outcomes, competencies and learning standards of behaviour expected of them by the organisation. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. The PIR said that while the organisation provided in-house training and annually checked and assessed staff competence and skill, it also accessed local authority training to keep up-to-date with local practice and procedure.

We saw that the service maintained a comprehensive staff qualification and training record and that staff were qualified in National Vocational Qualification up to levels 2, 3 and 4. Some senior staff that were team leaders were completing level 5.

Two staff we spoke with were in the service on the day of our inspection to complete care plan training as part of their induction to their roles. They both said they had been given good opportunities for training and development and that their main focus in their roles was to ensure people's safety. They were aware of the need to try to prevent falls for people and explained the call system available to them in the event they needed to contact their colleagues following any accident or to seek assistance. The service used a vibrating phone system to alert each other when working on shift and these were charged as necessary.

We viewed the service's training record which used a 'traffic light' system and showed all training that had been completed and identified where refresher training was needed. The record showed that all training was 100% up-to-date. Staff we spoke with confirmed this and said they were given and took advantage of excellent training opportunities. They had completed training in infection control, 'Living the Values' (Methodist Homes internal values training), moving and handling, health and safety, risk assessments, food hygiene, fire safety, first aid, medication administration, safeguarding adults, mental capacity, equality and diversity, care planning, nutrition and hydration and 'Final Lap' (end of life care). The registered manager told us they and a senior staff member had recently completed the local authority's Mental Capacity Act (2005) training and that the remaining senior staff were booked to complete this also.

We saw in a sample of staff files that records were kept of people's induction and the training courses and qualifications they had attended and achieved. We also saw that staff received regular supervision and were part of an annual staff appraisal system.

We found that there was good communication between staff and the management team, so that any issues relating to people that used the service were addressed promptly. Good written communication about individual changes in need were maintained as were verbal communications between shifts and staff groups.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interest and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The provider information return we received stated, 'Methodist Homes have trained staff and produced guidelines on the Mental Capacity Act to ensure residents rights are respected, their views heard and decisions are not made for them.' We were told by staff that one person was the subject of a DoLS, which had been in place more than a year, but was regularly reviewed. It had been arranged formally following the correct procedure and in conjunction with the appropriate authority.

People we spoke with told us the food was very good and that their particular needs were well met. One person said, "The food is excellent. The cook is brilliant with my special

Good

Is the service effective?

diet. She's done specialist nutrition training to cater for people like me and she shares recipes with me. She gets me blueberries and strawberries every day for my breakfast."

We were told by staff that the cook was designated as a hydration champion and had responsibility to ensure that everyone had sufficient fluid in their daily diet. We saw the kitchen assistant providing people with fresh jugs of water or cordial and there were fluid (and food) intake charts in use if deemed to be necessary.

People had individual health care plans in place to instruct staff and any visiting health care professionals on how to provide them with the support they required. There were hospital transfer and discharge papers in place, records of optical, dental, chiropody and hearing tests and visits and a patient passport available if needed. This is an information document to tell health care professionals how to support a person on admission to hospital.

Willersley House did not provide care and accommodation to people that were living with dementia, although two people had cognitive impairment due to old age. We found that there were some mechanisms in place to assist them with orientation, for example, people's names and a number on their bedroom door, individual post boxes outside each room and signage for identifying bathrooms and toilets. Carpets were mainly of plain colours, but where choice had been made to have patterned carpets these were in place. We saw no instances where a person was disorientated by any aspect of the premises and its design.

We saw that dining tables each contained a small vase of fresh flowers and when we asked staff about this they said the kitchen assistant made sure there were fresh flowers on the tables every day, which was very much enjoyed by people that used the service. Some communal areas like corridors and stair landings had movement activated lighting.

Good

Is the service caring?

Our findings

People we spoke with said, “Staff treat me very well really” and “The staff are all very, very good to me here.” They felt the care staff were compassionate and caring and that care staff understood their needs.

Staff felt that they provided a happy atmosphere when assisting people with their care needs. They said that their shifts usually ran smoothly, as they were given a daily list of tasks to assist people with. They said, “We have very good communication here and the staff teams work brilliantly together. Any concern we can go straight to the registered manager.”

Staff told us they tried to adopt a calming approach in their roles and built friendly relationships with people as this encouraged people to trust the staff. Staff told us they were able to spend time with people doing therapeutic calming activities such as nail painting and hand massaging, which also helped to build trust. Staff said, “I love my job”, “I love it here, as everyone gets along well” and “I have a smile on my face when I go home, knowing I have made residents smile.”

Information we received in the ‘provider information return’ showed that the service followed Methodist Homes detailed Equal Opportunities Policy which set out the organisation’s approach and ethos in relation to fairness, diversity and anti-discrimination. It stated that policies around freedom from harassment, protection from abuse and cultural, ethnic and religious needs were the foundation of good recruitment and effective care. Equality and diversity was incorporated into the organisation’s values statement and all staff were made aware of Methodist Homes standards and expectations in their induction, so that people were treated fairly whatever their diversity.

We saw staff providing helpful explanations to people regarding the routines of the day, transfers using equipment and planned activities. When people needed to move around the service using the hoist staff were informative and gave them encouragement to cooperate.

Staff we spoke with told us they ensured people’s wellbeing by taking care to uphold their physical health wherever possible and by offering them a stable and consistent environment and care service. There was information available on the service user’s notice board should people that used the service require support from an advocate. We were told by staff that if a person had no relatives or close friends to advocate for or represent them then advocacy services would be accessed. One person with no family had appointed a friend of their own as advocate to assist them and was entirely satisfied that their friend was the right person to undertake this role.

The service ensured people’s dignity was maintained in various ways. As well as knocking on bedrooms doors, ensuring bathroom doors were closed, that people were covered when undressed, there were other ways of respecting people’s dignity. One was to enable people to bring all of their own furniture, including their bed, to the service on admission. This ensured people were familiar with the belongings in their bedroom and retained some of their past life from their own home.

One of the ways the service ensured people’s dignity was upheld was to remove a chair completely from any of the sitting areas if anyone had a continence accident. This was so that no one was aware there had been a problem, except maybe at the point of removing the chair, but staff used the excuse that the chair was needed elsewhere.

The service had a designated dignity champion among the staff members, who was responsible for ensuring staff followed policy and understood what dignity was about, as well as to keep staff updated with their training in upholding people’s privacy and dignity when providing personal care.

Staff said, “We make sure people’s privacy is paramount and we maintain their dignity at all times” and “When people need care that involves undressing we might help get them started and then leave them for a short while to offer privacy and uphold their dignity, before returning to assist them further.” Staff also said, “We always offer people the chance to receive care in their own bedrooms and en-suites, which helps to make people feel at their most relaxed.”

Outstanding

Is the service responsive?

Our findings

People told us that the staff were very competent in their roles. They said, "I used to be a nurse myself so I know what to look for and these girls are very good at what they do" and "I watch the staff helping those that need more support than me and I think how well they care for people. They seem to know how to tackle any challenge." People also said, "Staff understand me so well and the care they provide is excellent."

The information we received in the 'provider information return' (PIR) told us that the service liaised with various churches to enable people of different faiths and denominations to continue their worship once they moved into Willersley House, by attending a church of their choice or by joining in with a religious service held at Willersley House twice a week. One person said, "The service is something I really look forward to" and another person said, "We enjoy taking part in the service, those of us that attend it."

We were told by the registered manager that one person had been a local lay preacher with the Church of England and missed the contact they had with people in the community, which meant their general well-being had deteriorated, while still at home. On moving to the service the staff had been excellent in their understanding of the person's needs and had put them in touch with the 'resident' chaplain who already held Bible study groups in the service. The person was integrated into the group, had some individual tuition from the chaplain and was shortly to start facilitating (leading) the study group in place of the chaplain. Their first group meeting was to be led in the week after our inspection. This was an example of how staff had understood people's culture and religion so that the person could fulfil their need to practice and share their religion, as they used to do.

Staff had completed care plan training with the organisation and were all in a position to be able to complete care plan documents and to review them with people that used the service. The PIR stated that staff always involved people in their own care plan process and ensured that each person was fully aware how their needs would be met, through writing their care plan with them and their representatives. Two new staff were in the service completing care plan training on the day we inspected. They talked about ensuring people's different values and beliefs were fully understood in order for the staff to provide care and support in the way people wanted them to. Staff said, "We see Willersley House's bedrooms as people's private homes and so we must abide by what they want" and "We must respect people's values and beliefs as well as their privacy and dignity."

We saw that care plans were held in people's bedrooms and that staff completed daily diary notes and, for example, monitoring charts and risk assessments while in the presence of the person wherever possible. This was so they could have involvement in the way their care was planned and delivered. People had already been involved in the putting together of care plans and this was evidenced from the information in their care files that showed they had been asked questions to assess their needs and to complete preference forms, personal profiles and life histories. This demonstrated that people were consulted, empowered and their views about their care were listened to.

Care files contained care plans and other information, including risk assessments, capacity assessments, patient passports, consent forms (for taking photographs, going on outings, professionals having access to care plans, self-medicating and use of bed safety rails), personal profiles and life histories. We saw that care plans were person-centred and reflected people's individual needs. The care plans showed staff how to support people with their health, skin integrity, nutrition, spiritual well-being, personal hygiene, mobility, dexterity, transferring, activities and occupation. There was information on resting and sleeping, promoting continence and maintaining people's contact with family members. We also saw monitoring sheets for weights, food intake and positional changes, as well as a health care plan in place.

Staff we spoke with told us they tried to respond to people's needs by basically doing as people asked of them, providing it was not detrimental to people's health or well-being or impacted negatively on someone else's life.

We were told by the registered manager that one person had been abroad on holiday for a week and was accompanied and supported to do this by a care worker who freely gave extra of their time in doing so, showing they went the 'extra mile' for the person. The care worker spent 24 hours a day over the whole week caring for and entertaining the person, who had not taken such a holiday for many years, although this was something they had

done almost every year of their adult life. The person told us, “I had a marvellous time. Everyone we came across was so helpful”. The registered manager believed that because of this opportunity the person was still capable of living the life they used to despite being in care and so their enthusiasm for life had returned and that this meant their sense of wellbeing was enhanced.

We saw that the service had a library record of all the activities it undertook with people, in which their comments and analytical thoughts on how well the activity had gone and photographs of the events were catalogued. The library was a means of looking back on and remembering these activities triggering memories of, for example, an animal day, French day and a ‘thank you’ day for the Methodist Homes volunteers that worked there. Other activities people engaged in were indoor bowls, which led to a one day competition held with other care homes in the area, as well as keep fit three times a week, quizzes, flower arranging, craftwork, knitting and baking

The service met some people’s individual needs by implementing a volunteer scheme. Methodist Homes ‘volunteer support group committee’ was a group of around six to eight volunteers that met four times a year to plan and facilitate fund raising activities, as well as arrange timetables for helping people to get out and about with a driver. There was daily support if needed in the form of mini bus drivers. Volunteers were matched up with people where possible to enable them to attend community based pastimes they could both enjoy.

The matching was achieved by assessing volunteers’ physical capabilities, as they might need to support people that had mobility needs, and then by asking them to complete a document about their interests; any clubs they belonged to, for example, walking clubs, social clubs, or what their personal likes and pastimes included. People that used the service were then matched with the volunteers on group outings or individually where a person expressed a similar desire to attend a similar social event. These ‘friendships’ continued over time as long as the people that used the service wished them to or as long as the volunteer continued to work voluntarily in the service.

People that used the service had access to an in-house shop which was run by the people themselves, but supported by a volunteer that worked for Methodist Homes. The volunteer sourced items for selling in the shop and helped with the accounting of proceeds. Proceeds raised were used to buy any extra items needed by people that used the service or to buy them a present, for example, at Christmas or on their birthday. Other projects included new garden furniture for people and a patio to the front of the property, as the gardens were extensively used and accessed by people that used the service all year round but especially in the summer months. This process empowered people because they helped raise funds, gave their ideas via a specific questionnaire on what to spend the money and then discussed what their ideas were in a ‘support group meeting’ to come to a final consensus on exactly what the whole group would benefit from.

The person that was appointed shop keeper at the time of our inspection had not been going out due to anxiety and the role of shop keeper had improved their confidence because they had felt valued and needed and believed that they were doing a worthwhile job. Reports from the staff were that the person had begun to go out into the grounds at Willersley to tend to the garden: prune plants/bushes and to collect blackberries for the kitchen.

People that used the service held ‘resident’ meetings and one of the suggestions made in one of the meetings was to have a Willersley House pet and while some chickens for the garden were agreed upon people could not decide between a cat and a dog for indoors. Therefore the registered manager arranged for ‘Zoo Lab’ to bring in some small pet animals. These included tarantulas, frogs, rabbits, guinea pigs and small snakes. While people had still not agreed upon an indoor pet the rescue chickens had been acquired and cooped in the garden and a spin off activity/pastime was for people to knit woolly jackets for them. People also went outside to collect fresh eggs, which gave them a sense of ‘living off the land’ and benefitting from their labours. This was an example of how staff used different ways to consult with and empower people so that they felt listened to and valued.

We observed two care staff assisting a person to transfer using a ‘standaid’ hoist and saw that staff gave the person instruction about what to expect and how to cooperate with them. We were told by staff that they had experienced what it was like to be hoisted in moving and handling training, which gave them an understanding of the fears someone might have when being hoisted. These considerations meant people’s needs for assistance with transfers were responded to well.

Outstanding

Is the service responsive?

We were told about examples of how the service was flexible and responsive to people's individual needs and how creative ways were used to enable people to live fulfilling lives. For example, one person had been appointed librarian and they organised other people that used the service with choosing and returning library books to the mobile library bus that visited each month. This person would also collect and return books to people's bedrooms where people were physically unable to board the library bus. This enabled the person to lead a purposeful role in the service, which increased their sense of worth.

Another example was regarding the work of the activities coordinator, who ensured people were not isolated by offering one-to-one pastimes with people that were reluctant to engage in group activities. They spent time chatting to people about people's families, current affairs and their own lifestyle and occupation. However, the most creative way of enhancing people's lives was achieved through a simple solution. The activities coordinator had completed an information technology course at night class to be able to assist people that used the service with advanced communications. The activities coordinator had used information technology and their newly acquired knowledge to ensure that people were not isolated from their relatives living away or abroad.

This included setting up an I-Pad for one person so they could use 'WhatsApp' to speak to family members and providing 'Skype' for another service user who was unable to travel to their granddaughter's wedding they had been invited to. With the person's agreement and that of the bride and groom, everyone that lived and worked at Willersley House had dressed up, joined in with the occasion and had attended the wedding via the Skype link put onto the big screen available in the lounge. Celebrations followed for everyone with champagne and cake at Willersley House as well as at the wedding venue. Everyone agreed this had been a very emotional occasion. The person was able to see and speak with family members they had not seen for some years.

Another example was that people were encouraged to engage in external events in the community. They were supported with attending the Good-fellowship group who operated a social club from a local church, visiting the local library for afternoon coffee meetings and knitting circles and watching local groups that put on stage performances of pantomime perhaps. It was the activities coordinator's job to source these pastimes and venues for people and then the volunteer drivers would drive people to them as and when they needed.

Family relationships were maintained for other people as well by using information technology systems. Staff assisted people with this whenever people wanted to see and chat with a family member. Some people had their own telephone landlines in their bedrooms if they wished to keep a telephone line rental going, which staff helped them to arrange. Staff encouraged people to call relatives and friends regularly. We were told by the registered manager and staff that they came in on their days off to help maintain meaningful relationships. For example, one person liked to go to a local pub each week with one of the staff and this continued on the staff member's day off. Another person wanted to visit The Deep (an aquarium) and a staff member came in on their day off to take them. This was not because there were insufficient staff on duty to do these things, but because staff said they enjoyed their jobs and were willing to go that 'extra mile' for people that used the service.

The PIR we received stated 'We have a clear complaints, compliments and comments policy advertised in the home and residents are encouraged to use it. For any concerns which cannot be resolved at local level, we have a national customer service manager and quality information officer who collates the information to allow at a local and national level any lessons learnt.'

Relatives of people that used the service had submitted approximately 30 thank you cards and letters in the last year. Comments were personal but they all conveyed a consistent message; that the care and support provided at Willersley House was exceptional. That staff responded exceptionally well to people's needs and consistently looked for a way of helping people to achieve their desired outcomes by 'going above and beyond' the expectations of their role where necessary.

We saw that the service had a comprehensive organisational complaint system in place to handle any concerns raised. People we spoke with told us they had never had any reason to complain and had not done so in years. We saw for ourselves that records of complaints were more than two years old. These had been fully addressed and satisfactory responses had been given to complainants. We were told by the registered manager that

Outstanding

Is the service responsive?

Methodist Homes used an internal team of employees to coordinate the handling of any complaint made about one of their services. However, any investigation was handled by a manager from another Methodist Homes service in a different part of the country, to ensure impartiality was exercised.

We were told about an example of an investigation in one of the service run by Methodist Homes of an incident, which was used as a learning exercise for all other services. It related to the safe positioning of mirrors in premises so that sunlight and heat could not damage or set light to people's property. Another example that related to people at Willersley House was about people's physical or mental deterioration and the acknowledgement that the service did not provide nursing care. The understanding or realisation on the part of staff that no matter how much they cared for people and became fond of them the service could not always meet people's needs once they had deteriorated, was a lesson staff had learned and accepted. Therefore the staff worked hard at ensuring people received the level of support they required in the interim from District Nurses, before helping to find people the best place to move to for their nursing care.

Good

Is the service well-led?

Our findings

There was a sense of 'family' in the service. For example, purely in respect of the premises facilities, people had their own en-suite bathrooms, but communal facilities were used by anyone that lived and worked at the service. This included staff, with the exception of the catering staff who had their own toilet. Everyone also shared and used all equipment in the service, for example, crockery, cutlery, the dining space, lounge chairs and tables and joined in with pastimes and entertainments. This approach gave the feeling that there was equality among people and staff and that there was a community spirit within the service, where everyone felt valued.

Staff described the culture as "Friendly, socially receptive, inclusive and collective." They went on to say that the staff worked very well as a team and shared in their successes as well as their shortcomings. They wanted to be a successful team of staff providing a successful service of care and support to people. They said they were honest with each other and shared all information about meeting people's needs to ensure those needs were met to the best ability of the team.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post. The 'provider information return' (PIR) we received told us that the registered manager's performance was annually reviewed to ensure they understood and adhered to their responsibilities.

Staff told us that the registered manager was extremely approachable. They said, "The manager is lovely, you can talk to them about anything" and "The manager is very supportive. In our supervisions we can discuss training needs, any concerns about people we care for and how we might improve the service."

The whole ethos of the service was one of openness and a willingness to improve the care provided to people. The registered manager led by example and where appropriate included staff and people that used the service in the plans for service delivery and service improvement. They were fully aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made).

The service had a prominently displayed Values Statement, which included the following values: - 'We **respect** every person as a unique individual, we treat others, especially the most frail and vulnerable, with the **dignity** we wish for ourselves, we are **open and fair** in all our dealings, we always seek to improve to become **the best we can be** and we nurture each person's **body, mind and spirit** to promote a fulfilled life'. Staff were aware of these values and always tried to uphold them.

There had been no changes in the registration conditions of the service for several years. It continued to provide 'Accommodation for persons who require nursing or personal care - for Older People only.' The registered manager had been registered for many years.

Methodist Homes had their own organisational quality standards system in place for assessing, monitoring and improving the service delivery. This was due to be carried out two days after our inspection and last year's assessment had resulted in a 96% achievement rate. We saw evidence of the quality monitoring system in place in the form of the annual survey review for 2014.

We were told by the registered manager that 'Ipsos Mori' carried out annual service user, relative and staff satisfaction surveys, so we were unable to view any written evidence in questionnaires. However, we saw in the service annual report that statistics and findings were reported on. The outcome was one of extreme satisfaction with the service and with the care and support that people received.

Staff told us they had recently completed a staff survey and that surveys for people that used the service looked at, for example, meal choices and cleanliness of the environment, dignity and privacy.

We saw that audits were completed according to a quality audit yearly programme and included checks on medication administration, infection control, training and staffing levels, health and safety issues, fire safety, hoists and sling performance and answering the call bells (the target at Willersley House was to answer call bells in under 4 minutes and this was achieved on all but two occasions in December 2015). The registered manager explained that the service had improved in the last year since monitoring of responses to the call bell had been made, because the system in use meant that any staff member found to be lacking in their approach more than three times may have to be considered under the organisation's capability route. Everyone was firmly of the opinion that the quality assurance system drove improvement in the service.

Good

Is the service well-led?

People engaged in monthly 'resident' meetings in the dining room and there was a 'resident representative' who had their own business cards and liaised with the registered manager on a daily basis if necessary to pass information between groups of people that used the service or individuals and the registered manager. Feedback to people in 'resident' meetings had been missed due to hearing problems for some people and so a 'Blue Tooth' personal announcement system had been purchased to ensure the resident representative could be heard by everyone that attended the meeting.

The registered manager told us that the service had been assessed by East Riding of Yorkshire Council Quality Development Team in October 2015, against its contractual agreement with the service, and there had been no recommendations made.

The registered manager also told us that 'best practice' was achieved by staff completing all of the training they required and more, to ensure they were skilled, knowledgeable and up-to-date with care delivery. Staff were randomly and regularly checked regarding their learning and knowledge so that 'best practice' in their work was maintained.

The PIR we received told us that 'Methodist Homes hold a yearly managers' conference to share new ideas and good practice. It holds home managers' meetings within the North East patch every month developing good practice discussions.' These ways of sharing good practice and questioning ideas enabled the service to continuously improve on its delivery so that people received the best possible care and support available to them.

We found that all records held by the service were securely stored on computer or in paper format and that the Data protection Act 1989 was adhered to and guidelines from the Information Commissioner's Office were followed. Records were accurately and well maintained and reflected what took place in the service in respect of the care and support that people received.